

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Friends of Matt Doheny Inc.

ADDRESS (number and street)

215 Washington Street

Check if different
than previously
reported. (ACC)

Watertown

NY

13601

2. FEC IDENTIFICATION NUMBER ▼

C

C00560797

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NY

21

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jeffrey Kirkby

Signature of Treasurer

Jeffrey Kirkby

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Friends of Matt Doheny Inc.

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	403666.18
(b) Total Contribution Refunds (from Line 20(d))	0.00	2150.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	401516.18
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	30185.45	651013.15
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	30185.45	651013.15
8. Cash on Hand at Close of Reporting Period (from Line 27).....	332.71	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	281000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 12

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Friends of Matt Doheny Inc.

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

I. RECEIPTS**COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

0.00

387213.18

(ii) Unitemized.....

0.00

11803.00

(iii) TOTAL of contributions from individuals ▶

0.00

399016.18

(b) Political Party Committees.....

0.00

150.00

(c) Other Political Committees (such as PACs).....

0.00

4500.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

0.00

403666.18

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

30500.00

250500.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

30500.00

250500.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

30500.00

654166.18

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 12

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	30185.45	651013.15
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	2000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	150.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2150.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	30185.45	653163.15

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	18.16
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	30500.00
25. SUBTOTAL (add Line 23 and Line 24).....	30518.16
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	30185.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	332.71

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 12

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Friends of Matt Doheny Inc.

Full Name (Last, First, Middle Initial)

MATTHEW A. DOHENY

Mailing Address 215 WASHINGTON STREET

City

WATERTOWN

State

NY

Zip Code

13601

FEC ID number of contributing
federal political committee.

C H0NY23057

Name of Employer

North Country Capital LLC

Occupation

Investments

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

30500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2015

Transaction ID : SA13A.5239

Amount of Each Receipt this Period

30500.00

Cover final campaign expenses

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

30500.00

TOTAL This Period (last page this line number only).....

30500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 12

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Matt Doheny Inc.

Full Name (Last, First, Middle Initial)

A. Candidate CommandMailing Address 401 First Street, SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
Media

003

Category/
Type

Candidate Name

Friends of Matt Doheny Inc.

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: NY District: 21

Date of Disbursement

M M	D D	Y Y Y Y
09	18	2015

Amount of Each Disbursement this Period

30000.00

Transaction ID : SB17.5237

B. Key Bank

Full Name (Last, First, Middle Initial)

Mailing Address 200 Washington Street

City Watertown State NY Zip Code 13601

Purpose of Disbursement
Merchant Services

001

Category/
Type

Candidate Name

MATTHEW A. DOHENY

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: NY District: 21

Date of Disbursement

M M	D D	Y Y Y Y
07	01	2015

Amount of Each Disbursement this Period

63.95

Transaction ID : SB17.5232

c. Key Bank

Full Name (Last, First, Middle Initial)

Mailing Address 200 Washington Street

City Watertown State NY Zip Code 13601

Purpose of Disbursement
Overdraft Item Charge

001

Category/
Type

Candidate Name

MATTHEW A. DOHENY

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: NY District: 21

Date of Disbursement

M M	D D	Y Y Y Y
07	01	2015

Amount of Each Disbursement this Period

34.00

Transaction ID : SB17.5233

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

30097.95

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Matt Doheny Inc.

Full Name (Last, First, Middle Initial)

A. Key Bank

Mailing Address 200 Washington Street

City	State	Zip Code
Watertown	NY	13601

Purpose of Disbursement
Recurring Overdraft Item Charge

001

Category/
Type

Candidate Name

MATTHEW A. DOHENY

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: NY

District: 21

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2015

Amount of Each Disbursement this Period

28.50

Transaction ID : SB17.5234

B. Key Bank

Mailing Address 200 Washington Street

City	State	Zip Code
Watertown	NY	13601

Purpose of Disbursement
Bank Service Charge

001

Category/
Type

Candidate Name

MATTHEW A. DOHENY

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: NY

District: 21

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2015

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.5235

c. Key Bank

Mailing Address 200 Washington Street

City	State	Zip Code
Watertown	NY	13601

Purpose of Disbursement
Overdraft Item Charge

001

Category/
Type

Candidate Name

MATTHEW A. DOHENY

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: NY

District: 21

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2015

Amount of Each Disbursement this Period

34.00

Transaction ID : SB17.5236

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

87.50

30185.45

SCHEDULE C (FEC Form 3)
LOANS

PAGE 8 OF 12

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4114

Friends of Matt Doheny Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)

MATTHEW A. DOHENY

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

215 WASHINGTON STREET

City

State

ZIP Code

WATERTOWN

NY

13601

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

TERMS

Date Incurred

M 03 / D 06 / Y 2014 Y

Date Due

M M / D D / Y 12/31/14 Y

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

500.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 9 OF 12

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4115

Friends of Matt Doheny Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MATTHEW A. DOHENY

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

215 WASHINGTON STREET

City

State

ZIP Code

WATERTOWN

NY

13601

Original Amount of Loan

250000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

250000.00

TERMS

Date Incurred

M 03 / D 31 / Y 2014

Date Due

M / D / Y 12/31/14

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

250000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 10 OF 12

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5239

Friends of Matt Doheny Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)

MATTHEW A. DOHENY

[PERSONAL FUNDS]

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

215 WASHINGTON STREET

City

State

ZIP Code

WATERTOWN

NY

13601

Original Amount of Loan

30500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30500.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
08 / 28 / 2015

Date Due

M M / D D / Y Y Y Y
01/01/2017

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

30500.00

TOTALS This Period (last page in this line only)..... ►

281000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 11 OF 12

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Friends of Matt Doheny Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Candidate Command

Nature of Debt (Purpose):

Disputed Debt - Media Services

Mailing Address 401 First Street, SE
2nd Floor

City State

Zip Code

Washington

DC

20003

Outstanding Balance Beginning This Period

34788.00

Transaction ID : SD10.5216

Amount Incurred This Period

0.00

Payment This Period

30000.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶

0.00

2) **TOTALS** This Period (last page this line number only) ▶

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SD10

Transaction ID : SD10.5216

Vendor and Committee resolved the disputed debt for \$30,000 and full payment was made.

Form/Schedule:

Transaction ID: